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MN970409. Researchers Make Diarrhea Vaccine Advance
MN970410. Portsmouth Uses New Treatment for Prostate Cancer
MN970411. Lemoore Breaks Ground on New Facility
MN970412. TRICARE Contract Awarded In Regions 2 and 5
MN970413. San Diego Awarded Meritorious Unit Commendation
MN970414. TRICARE Europe Prime Enrollment Delay For Retirees
MN970415. Sasebo Students Learn Nursing, Western-Style
MN970416. TRICARE Question and Answer
MN970417. Healthwatch: Early Prostate Cancer Detection Can
Save Your Life

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MN970409. Researchers Make Diarrhea Vaccine Advance
Bethesda, MD - Diarrhea.

It's something we'd really rather not talk about, but
there's hardly a Sailor or Marine who at one time or another
- especially after a visit to a foreign port - hasn't
suffered from symptoms ranging from watery diarrhea to
extreme dysentery with accompanying fever and stomach
cramps. At best, the "traveler's diarrhea" is an
inconvenience; at worst, it's incapacitating and even life
threatening.

One of the most common causes of diarrhea is a bacteria
named *Campylobacter jejuni*. It's estimated that the number
of individuals suffering diarrhea as a result of the
bacteria world-wide may be a staggering 400 million each
year. In the United States, it is the most common bacterial
cause of diarrhea with an estimated 1.2 million cases a
year.

But thanks to efforts lead by researchers at the Navy
Medical Research Institute (NMRI) in Bethesda, MD, a vaccine
to prevent or at least limit the severity of the symptoms
may be on the way.

Under the leadership of principal investigators CDR
Daniel A. Scott, MC, and LCDR David Tribble, MC, a prototype
vaccine is now being tested in volunteers.

According to Scott, the initial results are good.

"It's safe, and it gives a good immune response," he said.

For those who hate shots, there's more good news: The vaccine, when it's ready for distribution, will be taken orally. According to Scott, right now the vaccine is a liquid, but he hopes to develop it into a pill.

Scott doesn't see this vaccine as something that might be taken by recruits as they enter boot camp. Rather, it will be given to Sailors and Marines who will be deploying overseas. He also sees this vaccine as only part of the solution to the problem. While *Campylobacter jejuni* is a major cause of the disease, other bacteria can also cause it.

"The ideal would be to make a combination vaccine to prevent all types of traveler's diarrhea," he said.

By Jan Davis, Bureau of Medicine and Surgery

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MN970410. Portsmouth Uses New Treatment for Prostate Cancer

Norfolk, VA - Doctors at Naval Medical Center (NMC) Portsmouth are using a new treatment for prostate cancer that is less invasive than many traditional therapies, such as surgery and external radiation.

The treatment includes implanting up to 80 radioactive "seeds", each about the size of a grain of rice, in the prostate to kill cancerous cells. The seeds lose their radioactivity after about a month and never have to be removed.

To date, the procedure has attained the same success rate as other treatments, with fewer risks and side effects.

LCDR Douglas Martin, MC, of NMC Portsmouth's radiology/oncology department is "very optimistic" about the procedure. He worked with the therapy during his residency at the University of Iowa and is now treating patients in the Portsmouth area.

According to Martin, the procedure is performed on an outpatient basis. The urology and radiology/oncology departments staff work as a team in the operating room to ensure the seeds are placed correctly.

"At the very least," said Martin, "the new procedure is as good as the other options."

According to the American Cancer Society, there will be more than 334,000 new cases of prostate cancer in the U.S. this year, and one in five men will get the disease in their lifetime.

By HM3 Amy Watson, NMC Portsmouth

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MN970411. Lemoore Breaks Ground on New Facility

Lemoore, CA - The ground was broken for a new medical facility at Naval Air Station (NAS) Lemoore that will double the size of the existing facility and expand health care services.

"It's a tremendous thing for us," said NAS Lemoore

Commanding Officer L. D. Childress.

The new two-story hospital will have a full birthing center, new radiological diagnostic equipment and an orthopedic clinic. It is expected to be completed by Fall 1999.

"By having a new facility, it allows us to have on-site orthopedic medicine," said Naval Hospital Lemoore's Commanding Officer, CAPT Steven E. Hart, MC. "I want it, the patients want it, and now we're going to have a facility to accommodate it."

The hospital will serve an expanding military population in the Central San Joaquin Valley. The base population is expected to grow by 25 percent between now and 2000, with the beneficiaries served climbing from 27,000 to 32,000.

By LCDR F. M. Crosby, NH Lemoore

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MN970412. TRICARE Contract Awarded In Regions 2 and 5

Anthem Alliance for Health, Inc. of Indianapolis has been awarded the contract for TRICARE health care delivery and managed-care support services in Department of Defense (DOD) Health Service Regions 2 (Mid-Atlantic) and 5 (Heartland).

Region 2 consists of North Carolina and most of Virginia, except for a small portion of Northern Virginia that is part of Region 1 (Northeast).

Region 5 is made up of Wisconsin, Michigan, Illinois, Indiana, Ohio, Kentucky, the St. Louis area in Missouri, and most of West Virginia, except for a small portion of the northeastern corner of the state that is part of Region 1.

The delivery of health care services under the new contractor is expected to begin on May 1, 1998. The contractor will serve more than one million military CHAMPUS-eligible beneficiaries in the two regions.

The \$3.07 billion contract is scheduled to run for five-and-a-half years, including a seven-month start-up period and five one-year options for the delivery of health care services for the military.

Under the TRICARE managed-care support program, military families have more health care choices than the traditional Civilian Health and Medical Program for the Uniformed Services (CHAMPUS) program (currently known as TRICARE Standard). CHAMPUS-eligible families now have the benefit of choosing three TRICARE programs for their health care needs. The main challenge for most is deciding whether to enroll in TRICARE Prime or participate in TRICARE Extra or Standard for their health care needs. Beneficiaries who choose TRICARE Prime enjoy enhanced and comprehensive health care benefits including cost savings and assignment to a Primary Care Manager of their choice and guaranteed access time frames to receive care.

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MN970413. San Diego Awarded Meritorious Unit Commendation

San Diego - Naval Medical Center (NMC) San Diego has been awarded the Meritorious Unit Commendation by ADM Jay Johnson, chief of naval operations.

RADM Veronica Froman, commander of Naval Base San Diego, presented the award to NMC San Diego Commander, RADM Richard Nelson, MC, during a recent all hands awards ceremony.

"This award is something that everyone at Naval Medical Center San Diego can be very proud of," Froman said. "It means that all of you are doing a great job taking care of every member of our Navy family."

The hospital was recognized for delivering quality health services to more than 500,000 eligible beneficiaries, medical support to operational forces and for advancing medicine through education, training and research.

The recognition covered a two year period from January 1, 1994 to January 1, 1996.

"This award recognizes the tremendous teamwork that has been behind our accomplishments here at Balboa," Nelson said. "I am privileged to wear some very nice ribbons, but none that I'll wear with more pride than this one."

The official citation stated that during the award period, "the Navy's largest medical treatment facility and its subordinate Branch Medical Clinics met and exceeded every demand placed before them and set new standards of excellence in medical and operational support."

The award praised hospital staff for providing over 9,700 days of medical support by augmenting the operational forces during Restore Hope, Provide Promise, Sea Signal, and United Shield.

By JO1 Joe Parker, NMC San Diego

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MN970414. TRICARE Europe Prime Enrollment Delay For Retirees

Landstuhl, Germany - TRICARE Europe Prime enrollment for CHAMPUS-eligible retirees and their family members, originally anticipated to begin October 1, has been postponed.

The delay in enrollment into the enhanced health care benefit plan stems from unresolved DOD Health Affairs and TRICARE support office administrative requirements. These requirements must be satisfied prior to offering it to CHAMPUS-eligible retirees and their family members.

Officials wish to evaluate the impact of Prime enrollment on the direct care system, which should be felt in full after October 1. That is the effective date that cost-shares and deductibles go into effect for active-duty family members who are not enrolled in TRICARE Europe Prime.

Until prerequisites are satisfied and a new enrollment date for Prime for CHAMPUS-eligible retirees is set, all retirees and their family members will continue their health care access in military medical treatment facilities in Europe on a space-available basis as they have in the past.

The TRICARE Europe program varies from the program in the continental United States in that eligible beneficiaries have a choice between two plans: TRICARE Europe Prime and TRICARE Europe Standard.

The Prime option will offer priority access in military facilities, assignment of a primary care manager, coordinated care in military or civilian facilities, a preventive medicine program, and reduced costs for civilian care.

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MN97415. Sasebo Students Learn Nursing, Western-Style

Sasebo, Japan - Students from the Imari District Nursing School in Sasebo visited Fleet Activities, Sasebo recently to learn more about American nursing and health care.

More than 45 nurses from the school met with Navy Branch Medical Clinic nurses to discuss the differences between "western style" nursing and nursing in Japan.

"(I wanted) to learn about the education and preparation necessary to become a licensed nurse in Japan," said LCDR Donna Cain, NC, of the Branch Medical Clinic.

Also discussed was how Japanese nurses function in their health care facilities. The Navy nurses will use this information to advise beneficiaries who may be treated at local Japanese health care facilities.

By CDR Gussie Bouldin, MSC, BMC Sasebo

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MN970416. TRICARE Question and Answer

Question: I live in California, and will be moving to Illinois next month. In California, I enrolled in TRICARE Prime, and am very happy with it. I just found out TRICARE Prime isn't available where I'm moving. How come TRICARE Prime is available in some parts of the country and not in others?

Answer: Because implementing TRICARE world-wide is such an enormous undertaking, the world was divided into regions. These regions are being phased in over three years.

The one of the last regions to implement TRICARE is Region 5, which includes Illinois. TRICARE - including TRICARE Prime - is scheduled to be implemented in Region 5 May 1, 1998.

For more information about TRICARE, contact your local Health Benefits advisor or nearest TRICARE Service Center. Additional information is also available on the Department of Defense (Health Affairs) Homepage on the World-Wide Web at <www.ha.osd.mil>.

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MN970417. Healthwatch: Detecting Prostate Cancer Early Can Save Your Life

Prostate cancer is as deadly and serious for men as

breast cancer is for women. Prostate cancer is the most common cause of cancer in males. Each year, more than 300,000 Americans are diagnosed with the disease and 40,000 die of it.

According to CAPT John Porter Sands, MC, a urologist at U.S. Naval Hospital San Diego, prostate cancer is more common than breast cancer. It is a particularly sly disease as it can be symptom-free until it gets to advance stages. Before the era of early detection, many patients did not come in for an evaluation until the cancer had spread to the bone.

Now, thanks to early detection techniques, the majority of patients are diagnosed with localized prostate cancer, and they have a much better selection of treatment options and a much better prognosis.

Screening for prostate cancer consists of an annual rectal exam and blood test to measure the prostate screening antigen (PSA) level.

"Before the advent of PSA and early screening, 40 percent of our patients had cancers that had spread and were not curable," said Sands.

Most physicians recommend screening for prostate cancer beginning about age 50, with two exceptions.

The first exception is African-American males, who have an incidence rate of 264 per 100,000 compared with 194 per 100,000 for Caucasian men. In addition, African-American males tend to develop prostate cancer at an earlier age and have a more advanced stage of the disease at the time of initial diagnosis.

The second exception is men who have a family history of prostate cancer.

In both these exceptions, screening should begin at age 40.

Remember early detection is the key, and that means regular testing. It could mean the difference between life and death.

By LCDR J. Berlot, MC, Urology Department, U.S. Naval Hospital Rota

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Feedback and comments are welcome. Story submissions are encouraged. Contact Jan Davis, MEDNEWS editor, at e-mail <mednews@bms200.med.navy.mil>, telephone 202/762-3223 (DSN 762-3223), or fax 202/762-3224.